

PHILADELPHIA  
ATLANTA  
CHARLOTTE  
CHERRY HILL  
CHICAGO  
DALLAS  
DENVER  
HOUSTON  
LAS VEGAS  
LONDON  
LOS ANGELES



A PROFESSIONAL CORPORATION

RECEIVED  
CENTRAL FAX CENTER

MAY 16 2006

NEWARK  
NEW YORK  
SAN DIEGO  
SAN FRANCISCO  
SEATTLE  
TORONTO  
TRENTON  
WASHINGTON, DC  
WEST CONSHOHOCKEN  
WICHITA  
WILMINGTON

1900 MARKET STREET PHILADELPHIA, PA 19103-3508 215.665.2000 800.523.2900 215.665.2013 FAX www.cozen.com

**"Please direct all fax communications to 215-701-2100."**  
FACSIMILE

FROM: Quan L. Nguyen TIMEKEEPER NO.: 2350  
SENDER'S PHONE: 215.665.2158 SENDER'S FAX: 215-701-2057  
# OF PAGES (INCLUDING COVER): 15 FILE NAME: ISIC0055-100 (IBIS-28 US)  
DATE: May 16/06 FILE #: 139881.000

RECIPIENT(S)	EXAMINER	FAX
U.S. Patent Office	Kahsay Habte, Ph.D.	571-273-8300
<i>Docket No.:</i> ISIC0055-100 (IBIS-28 US)		
<i>In re application of:</i> Swayze, et al.		
<i>Serial No.:</i> 10/071,978		
<i>Filed:</i> February 6, 2002		
<i>Group Art Unit:</i> 1624		
<i>Confirmation No.:</i> 1815		
<i>For:</i> NOVEL BENZIMIDAZOLE COMPOUNDS		

Attached please find:

- Transmittal Form (1 page)
- Fee Transmittal (2 pages)
- Amendment And Request For Reconsideration (11 pages)

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL [215.665.2000] or [800.523.2900] IMMEDIATELY.

THIS TRANSMISSION IS ALSO BEING SENT VIA:

☐ Regular Mail ☐ Certified Mail ☐ Hand Delivery ☐ Overnight Mail ☐ Federal Express ☐ E-Mail

**NOTICE**

The information contained in this transmission is privileged and confidential. It is intended for the use of the individual or entity named above. If the reader of this message is not the intended addressee, the reader is hereby notified that any consideration, dissemination or duplication of this communication is strictly prohibited. If the addressee has received this communication in error, please return this transmission to us at the above address by mail. We will reimburse you for postage. In addition, if this communication was received in the U.S., please notify us immediately by phoning and asking for the Fax Center.

**RECEIVED  
CENTRAL FAX CENTER**

**MAY 16 2006**

PTO/SB/21 (09-04)

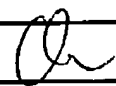
Approved for use through 07/31/2008. OMB 0651-0031

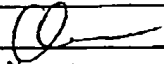
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/071,978
	Filing Date	February 6, 2002
	First Named Inventor	Swayze et al.
	Art Unit	1624
	Examiner Name	Kahsay Habte, Ph.D.
Total Number of Pages in This Submission	Attorney Docket Number	ISIC0055-100 (IBIS-28US) / 139881

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 5px;"> <b>Remarks</b>    </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Cozen O'Connor		
Signature			
Printed Name	Quan L. Nguyen		
Date	May 16/06	Reg. No.	46,957

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Quan L. Nguyen	Date	May 16, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*

**RECEIVED  
CENTRAL FAX CENTER**

**MAY 16 2006**

PTO/SB/17 (12-04v2)  
Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL for FY 2005</b>		Application Number	10/071,978
		Filing Date	February 6, 2003
		First Named Inventor	Swayze et al.
		Examiner Name	Kahsay Hable, Ph.D.
		Art Unit	1624
		Attorney Docket No.	ISIC0055-100 (IBIS-28US) / 139881
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b> (\$)			

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :

☒ Deposit Account Deposit Account Number: 50-1275

Deposit Account Name: Cozen O'Connor

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s)

☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

**Fee Description**

Each claim over 20 (including Reissues)

**Fee (\$)**

**Small Entity Fee (\$)**

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

200

100

**Total Claims**

**Extra Claims**

**Fee (\$)**

**Fee Paid (\$)**

360

180

**Multiple Dependent Claims**

\_\_\_\_\_ -20 or HP= \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims**

**Extra Claims**

**Fee (\$)**

**Fee Paid (\$)**

\_\_\_\_\_ - 3 or HP= \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	_____

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : \_\_\_\_\_

**Fees Paid (\$)**

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	48,957	Telephone	215-665-2000	
Name (Print/Type)	Quan L. Nguyen	Date	May 16, 2006			

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

**RECEIVED  
CENTRAL FAX CENTER**

**MAY 16 2006**

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		<b>Complete If Known</b>	
<b>FEE TRANSMITTAL for FY 2005</b>		Application Number	10/071,978
		Filing Date	February 6, 2003
		First Named Inventor	Swayze et al.
		Examiner Name	Kahsay Habte, Ph.D.
		Art Unit	1624
		Attorney Docket No.	ISIC0055-100 (IBIS-28US) / 139881
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b> (\$)			

**METHOD OF PAYMENT (check all that apply)**

- ☐ Check  
 ☐ Credit Card  
 ☐ Money Order  
 ☐ None  
 ☐ Other (please identify) : \_\_\_\_\_
- ☒ Deposit Account  
 Deposit Account Number: 50-1275  
 Deposit Account Name: Cozen O'Connor
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below  
 ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s)  
 ☒ Credit any overpayments
- Under 37 CFR 1.16 and 1.17
- WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
_____ - 20 or HP = _____	x _____	= _____
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
_____ - 3 or HP = _____	x _____	= _____
HP = highest number of independent claims paid for, if greater than 3.		

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number)	x _____	= _____

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	46,957	Telephone	215-685-2000
Name (Print/Type)	Quan L. Nguyen	Date	May 16, 2006		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

RECEIVED  
CENTRAL FAX CENTER

MAY 16 2006

Attorney Docket No: ISIC0055-100 (IBIS-28US)  
Serial No. 10/071, 978

Response  
to March 31, 2006 Action

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

---

In re application of:	Swayze et al.	Group Art Unit:	1624
		Examiner:	Kahsay Habte, Ph.D.
Serial No.:	10/071,978	Confirmation No.:	1815
Filed:	Feb. 6, 2002	Docket No.:	ISIC0055-100 (IBIS0028US)
For:	NOVEL BENZIMIDAZOLE COMPOUNDS		

---

Mail Stop: AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT AND REQUEST FOR  
RECONSIDERATION UNDER 37 CFR § 1.116

Sir:

In response to the Final Rejection mailed on March 31, 2006, please amend the above-identified application as follows:

**Listing of Claims**, reflecting current amendments, begins on page 2 of this paper.

**Remarks** begin on page 10 of this paper.